Conclusion The association between osteoporosis and cardiovascular disease is a reality. However mechanisms are not well known.Thus it could be interesting to suggest a DXA to coronary patients and a large cardiovascular investigation for osteoporotic patients.

The author hereby declares no conflict of interest

0517

Clinical utility of systolic and diastolic tissue Doppler imaging in term of prognostic markers in acute coronary syndrom

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Introduction evaluation of filling pressures and longitudinal systolic left ventricular function in the acute coronary syndrom (ACS) isn't common practice. Our aim is to demonstrate the prognostic of tissuedoppler mitral to ACS.

Material and Methods prospective study of 6months included all patients admited for STEMI. Exploration of diastole was performd by studying the profile mitral annulus and the longitudinal systolic function by DTI of left ventricular.

Results A total of 124 patients.the mean age was 61±10years old. A male predominance of 73%. Hypertension and diabetics was the frequent cardiovascular factor. Elevation of filling pressure was significantly correlated with the risk of hospital mortality (p<0,05) ans occurence of major cardiovascular events (p<0,005). A value of S'VG<4cm/s is predictive of the risk of death and major cardiovacsular event (p<0,05).

Conclusion evaluation with DTI in ACS proves interesting in the risk stratification to identify groups must benefit from intensive treatment.

The author hereby declares no conflict of interest

0114

Association between beta-blocker therapy and mortality in patients without heart failure or severe left ventricular dysfunction after acute myocardial infarctions. The FAST-MI 2005 registry

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Background Because most randomised trials assessing beta-blocker therapy after acute myocardial infarction (AMI) antedate the era of reperfusion and modern secondary prevention, there are discrepancies among guidelines regarding their use in this setting. We analysed data from the French registry on ST- and non-ST-elevation Myocardial Infarction (FAST-MI) 2005, to assess the impact of early prescription and prolonged beta-blocker therapy after AMI.

Methods FAST-MI included 3,670 consecutive patients with AMI throughout France at the end of 2005. Detailed therapy at discharge and over follow-up (5 years) was recorded. We studied associations 1) between beta-blockers at discharge and one-year mortality, 2) between persistence of beta-blocker therapy at one year and 5-year mortality. Cox multivariate analysis and propensity score matching were used.

Results Of 2,727 patients with no history of heart failure and no left ventricular dysfunction, 2,168 were prescribed beta-blockers at discharge (80%). One-year mortality was lower in patients on beta-blockers (4.7% vs 12.2%), adjusted hazard ratio 0.76, 0.53-1.10. Among the 1,630 patients discharged on beta-blockers, alive at one year, and with medical prescriptions available, 184 (11%) had stopped beta-blockers. Five-year mortality was 8.8% in patients who continued beta-blockers, versus 13.0% in those who discontinued. Adjusted hazard ratio for 5-year death was 1.01 (0.59-1.73). Propensity score analyses confirmed these findings.

▶

Conclusion Our results suggest that discontinuing beta-blockers beyond one year has no deleterious impact, but that early beta-blocker treatment may be beneficial. Until further randomised trials are performed, these data can provide useful information for future recommendations on beta-blocker use after AMI.

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0186

Are coronary patients on lipid-lowering therapy in Europe achieving the recommended LDL-C target? Results from the Dyslipidemia International Study (DYSIS) II Europe

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Background Current guidelines recommend a low-density lipoprotein cholesterol (LDL-C) target of <1.8mmol/l for coronary patients and the administration of high potency statin therapy.

Purpose Our study documents real world lipid target achievement, including distance to target, among patients with stable coronary heart disease (CHD) and patients surviving an acute coronary syndrome (ACS) event in Europe.

Methods DYSIS II is a multicountry, observational cross-sectional chart review conducted in 257 sites throughout Belgium, France, Germany, Greece, Ireland, Italy, and Russia. Two distinct patient cohorts were enrolled: patients surviving an ACS event and patients diagnosed with stable CHD. Full lipid profiles were available within 24 hours of hospital admission for ACS patients and 0-12 months prior to enrollment for CHD patients. Patients were on lipid-lowering therapy (LLT) ≥3 months and not participating in clinical trials involving medication. Patient characteristics, risk factors, treatment patterns, and laboratory values were collected. LDL-C target achievement was assessed based on ESC/EAS guidelines.

Results 880 ACS and 2778 CHD patients currently on LLT were enrolled in Europe from 2012 to 2014. Only 23.2% (n=204) ACS and 29.6% (n=821) CHD patients achieved and LDL-C<1.8mmol/l, with median distance to LDL-C target in patients not a goal being 0.9mmol/l (IQR 0.4, 1.5) in ACS and 0.6mmol/l (IQR 0.3, 1.1) in CHD patients.

Conclusion Three out of four coronary patients did not achieve the recommended LDL-C target, even while being treated with LLT, primarily statin monotherapy.

Low potency statin treatment was found in both patient cohorts, despite the high risk of our patient population and the need for more intense LLT (as stressed by our distance to target findings).

Abstract 0186 – Table: Mean Lipid Values and LLT

	ACS Patients N=880	CHD Patients N=2778
Total cholesterol (mmol/l)	4.4±1.2	4.1±1.0
LDL-C (mmol/l)	2.6±1.0	2.3±0.8
Triglycerides (mmol/l)	1.6±0.9	1.5±0.8
HDL-C (mmol/l)	1.1±0.3	1.2±0.4
Non-HDL-C (mmol/l)	3.3±1.2	2.9±0.9
Atorvastatin equivalent dose (mg/day)	22±17	27±20
Statin monotherapy	87.2%	79.8%
Statin + ezetimibe	6.4%	11.6%
Statin + other non-statin (fibrates, omega 3 fatty acids)	2.4%	6.7%
Non-statin monotherapy	3.8%	2.0%

The author declares a conflict of interest: Merck employee